

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO.      | DATE            |
|---------------------------|------------|-------------|-----------------|
| FEE DETERMINATION         | <i>ab</i>  |             | <i>11-10-81</i> |
| O.I.P.E. CLASSIFIER       |            | <i>12</i>   | <i>11/26</i>    |
| FORMALITY REVIEW          | <i>H.T</i> | <i>913</i>  | <i>11/27/01</i> |
| RESPONSE FORMALITY REVIEW | <i>A.T</i> | <i>1071</i> | <i>02/26/02</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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5c 859  
 11/28  
 852  
 20/2/2002